their base; the interstices which existed between them were filled up, and thus a polypus of the size of a pea was formed, with a tolerably large pedicle; it was excised by means of a pair of scissors. In general, polypi of the urethra are not a serious affection and may continue for an indefinite period. Spalderer, according to M. Gerdy, saw one evacuated with the urine. M. Tanchou, on the other hand, regards it as a disease very difficult to be rooted out in adult females; but it is probable, that the cases witnessed by M. T. were not cases of true polypus of the urethra.

Internal polypi seldom occasion any well-marked symptom which may lead to the suspicion of their existence; after attaining a certain size they make their appearance externally, and then come under the description of those we have just given.

The author has traced, with great care, the differential diagnosis between polypus of the urethra, and some other affections for which it may be mistaken. The absence of accurate diagnosis is of little importance, as far as regards distinguishing it from hernia or hypertrophy, either of the mucous membrane or its folds; but the case is very different as regards introversion of the fundus of the bladder, or venereal vegetations. Introversion of the fundus of the bladder is characterized by the presence of a soft reducible tumour, of the size of a nut, and of a bright red colour; it is accompanied with severe pain and dysuria, which disappear after the introduction of a sound into the urethra. Polypi, on the other hand, are soft, indolent, irreducible tumours, which occasion no inconvenience in the excretion of the urine, and offer no obstacle to the introduction of the catheter into the urethra. An error in diagnosis between these two affections is easily committed, and if not avoided, would lead to danger; more especially if excision of the tumour were attempted; but an error scarcely less unfortunate is that of mistaking polypi for venereal vegetations, not only because it throws suspicion on an otherwise innocent person, but also as subjecting her to a course of general treatment not altogether void of danger. An attentive examination of the tumour ought to remove all doubt. How indeed can a solitary, pediculated tumour, of a redder colour than the membrane, but having its consistence. bleeding easily, with a regular or a lobulated surface, of a smooth or shreddy character, but always soft, be confounded with those small, hard, unequal projections of the size of a pin's head or a hemp seed, or with red granular excrescences, or, finally, with those small flattened prolongations of the mucous membrane of the vulva, with irregular edges?

Treatment.—The author has never seen any good result from topical applications, (acetate of lead, for instance), or repeated cauterizations. Pressure, by means of conical bougies introduced into the urethra, as advised by Madame Boivin, has likewise appeared to him of little benefit. Removal of the tumour, either by scissors or ligature, is the only treatment he has found to be efficacious. In a case still under treatment, the tumour separated four days after the application of the ligature. Excision is more expeditious and less painful. It may be performed with a pair of curved scissors, the tumour having been previously seized with a pair of forceps, or a thread passed through its pedicle, so as to drag it outside the canal. In cases of internal polypus, the canal must be previously dilated or an incision made through its walls, as performed by Varner, ere its excision can be attempted. As a matter of prudence the point of attachment of the pedicle ought to be cauterized, in order to prevent any tendency to reproduction.

—

45. *Calomel in Chronic Urethral Discharges.* By Dr. Mayor.—Calomel in powder is applied to the affected part by means of a straight hollow catheter, perforated *in its side*, but *close to its extremity:* the lateral hole is filled with calomel, and then the instrument is introduced into the urethra. By means of acting with a stopper, like a piston in a syringe, and, slowly turning the catheter upon its axis, the mercurial salt is brought into contact with the seat of the discharge.

By comparative experiments, M. Mayor has satisfied himself that his cures.—accomplished, he says, as if by magic—are really due to the topical application of the calomel, and not to the mere introduction of the instrument. The

former cured many obstinate cases which the latter method did not improve.—*Encyclographie Médicale*, Jan., 1846.

46. *Calculi of the Prostate Gland.*—Numerous examples are to be found in the records of our science of the existence of calculi in the prostatic gland. In many cases these calculi have found their way into the gland from the bladder, but in others they have been unquestionably formed originally in the part. M. Lenoir related to the Surgical Society of Paris the following case. A patient, 55 years of age, had been recommended to him by a provincial surgeon, under the belief that he was labouring under vesical calculus. On introducing the sound, he found an obstacle which gave a clear sound, and which he thought was a vesical calculus, but on examining the rectum with the finger, he failed to recognize its presence. On exercising pressure, however, on the prostate, he caused the escape of about fifteen small calculi. They were of a dark yellow colour, presented facet surfaces; and gave a decided animal odour when burnt. The patient, who, when he entered the hospital, had all the symptoms of serious vesical catarrh, left nearly well. A few months later, he was again sent to Paris, under the idea that he was labouring under vesical calculus, and a number of small stones were again ejected, by pressure of the prostate. Vesical catarrh was present, as on the first occasion. M. Lenoir thought that the calculi were formed in the ejaculatory ducts, and that it was because they occupied the orifice that these produced, when touched with the sound, the sensation of a stone in the bladder.

M. Nelaton had met with a case at the Hotel Dieu, similar to the one of M. Lenoir. The friction of a sound over a hard substance in the region of the prostate had led him to recognize the presence of prostatic calculi. He managed to withdraw several by means of lithotritic instruments, and the patient left apparently cured. Two months afterwards he returned with the same symptoms, indicating prostatic calculi, and, in addition, with a vesical calculus. He was not able to lay hold of the latter in order to crush it, and was obliged to perform the operation of lithotomy. On scratching the surface of the incised prostate with his nail, he managed to make several calculi fall, similar to those described by M. Lenoir. The patient was cured. M. Michon, M. Guersent, and M. Laugier, thought that prostatic calculi were not rare; M. Malgaigne was of a contrary opinion.—*Gazette des Hôpitaux.*

47. *Lithotomy.*—Signor Bresciani de Borsa, in his *Saggi di Chirurgia Teorico-pratica*, states that of one hundred cases of stone operated on by Sig. Manzoni, of Verona, and himself, only one has died, and that from causes irrespective of the operation! This is certainly a degree of success calculated to excite our astonishment. It exceeds much even that of our countryman, Prof. Dudley, hitherto considered the most fortunate of lithotomists, he having operated, it is said, successfully in 180 out of 185 cases. Sig. Manzoni's operation consisted in cutting into the spongy portion of the urethra only, and then dilating the bulbous and prostatic portions sufficiently with the finger to admit of the introduction of the forceps and the removal of the stone. Dr. B., however, judging it more reasonable to cut into the more dilatable portion of the urethra, carries his incision from the bulb to the prostate, and even unavoidably sacrifices the latter when it advances more than usually forwards. As the admission of such an operation depends upon the dilatability of the prostate being satisfactorily proved, the author advances several reasons for this, founded on the nature of its anatomical structure, and cites various facts observed by himself and others.

The following are the details of the various steps of Sig. de Borsa's operation as given by himself, and which we copy from the *Medico-Chirurg. Rev.* for April, 1846.

"Having placed the patient in the usual position, (it is much preferable to retain him in this by means of assistants than by ligatures, for the mere ceremony of adjusting these, causes a great dread to the patient which may alone suffice to induce a low and fatal form of fever,) introduced the catheter, and made a sufficiently large external incision, I open, with a small, lancet-pointed, double-edged, strong scalpel, the whole of the membranous portion of the urethra, so as to expose the instrument to the extent of about 10 lines, in doing which it may in